



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DECATUR COUNTY MEMORIAL HOSPITAL

City of Hospital: Greensburg

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Carol Geise

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Medicare Provider Number: 15z332,151332

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19573949
Outpatient Patient Service Revenue	\$84391469
Total Gross Patient Service Revenue	\$103965418

2. Deductions From Revenue

Contractual Allowance	\$46633580
Other Deductions	\$10931830
Total Deductions	\$57565410

3. Total Operating Revenue

Net Patient Service Revenue	\$46400008
Other Operating Revenue	\$1317051
Total Operating Revenue	\$47717059

4. Operating Expenses

Salaries and Wages	\$22390685	Employee Benefits	\$6152084
Depreciation and Amortization	\$2852868	Interest Expense	\$290256
Bad Debt	\$0	Other Expenses	\$19199061
Total Operating Expenses	\$50884954		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3167895	Total Assets	\$67164068
Net Non-operating Gains over Loss	\$689929	Total Liabilities	\$20030029

Total Net Gains	\$-2477966
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42729787	\$25211634	\$17518153
Medicaid	\$14347228	\$11239388	\$3107840
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$46888404	\$10182558	\$36705846
Total	\$103965419	\$46633580	\$57331839

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$40903.26	\$14945	\$25958.26

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$2733187
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,300,000		
Subtotal	\$1300000	\$0	\$1300000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1300000	\$0	\$1300000

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$38668	\$-38668
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

### Comments

Interest Expense is a non-operating expense, so the number I have included will differ from our book audit.

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